

Apr. 24. 2019 05:59 PM

No. 134 P. 2/52

# MAINTENANCE

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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Foreign Limited Liability Company  
OAK TREE MAINTENANCE LLC

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April 24, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: OAK TREE MAINTENANCE LLC  
REF: W19000040047

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

FAX Aud. #: H19000133039  
Letter Number: 119A00008224

Apr. 24. 2019 2:59PM

GEALD WEINBERG

No. 6134 P. 3/5

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. OAK TREE MAINTENANCE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

OAK TREE MAINTENANCE FLORIDA LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1563930

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 264 SIXTH AVENUE

(Street Address of Principal Office)

BROOKLYN, NEW YORK 11215

6. \_\_\_\_\_

264 SIXTH AVENUE

(Mailing Address)

BROOKLYN, NEW YORK 11215

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: \_\_\_\_\_

Harbour Pointe Avanath Partners, LLC

Office Address: \_\_\_\_\_

2201 SE 18TH STREET

FORT LAUDERDALE

(City)

, Florida

33316

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

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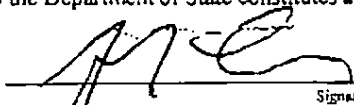
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: RICHARD ROSAN	<input type="checkbox"/> Manager	Name: JEREMIAH LUCEY
<input checked="" type="checkbox"/> Member	Address: 264 SIXTH AVENUE	<input checked="" type="checkbox"/> Member	Address: 264 SIXTH AVENUE
<input type="checkbox"/> Authorized	BROOKLYN, NEW YORK 11215	<input type="checkbox"/> Authorized	BROOKLYN, NEW YORK 11215
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

JEREMIAH LUCEY

Typed or printed name of signer

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**State of New York  
Department of State } ss:**

I hereby certify, that OAKTREE MAINTENANCE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/11/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment OAKTREE MAINTENANCE LLC, changing its name to OAK TREE MAINTENANCE LLC, was filed 05/25/2017.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 22nd day of April  
two thousand and nineteen.

*Whitney Clark*

Whitney Clark  
Deputy Secretary of State

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